

**Commodity Supplemental Food Program (CSFP)  
Notification for Renewal Form**

<b>Name of Local Agency:</b>	<b>Certification Information:</b>
<b>Name of Participant:</b>	<b>Enrolled Month/Year:</b> _____
<b>Address of Participant:</b>	<b>Child:</b> _____ <b>Adult:</b> _____
<b>Participant Phone Number:</b>	<b>Expiration Information:</b>
	<b>Expiration Month/Year:</b> _____

**The above name individual certification for the CSFP Program expires on the above date. Your next Certification appointment is scheduled on \_\_\_\_\_ at \_\_\_\_\_.**

**Please Bring the following to your next schedule appointment**

- ☐ Yourself and your Child(ren).
- ☐ Birth certificate, custody papers or other proof of guardianship for each minor with an appointment.
- ☐ Proof of income for everyone living in the house. (example: pay stub, 1040, Medicaid, food stamps, SSI, TANF, child support, unemployment, disability, etc.)
- ☐ Proof of Residency (example: Electric, gas or phone bill, mail with name and address, etc.)
- ☐ Identification of Guardian (example: driver's license, or other picture identification.)
- ☐ Baby's Birth information signed by your doctor or nurse and Immunization record.
- ☐ List of illness and/or medication taken in the last six months.
- ☐ \_\_\_\_\_

**Failure to bring the checked items may result in staff being unable to determine program eligibility or provide benefits.**

This is an equal opportunity program. If you believe you have discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to: Administrator, Food and Nutrition, 3101 Park Center Drive, Alexandria, Virginia 22302